

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	TBD
Filing Date	November 12, 2003
First Named Inventor	Carter
Title	METHOD AND SYSTEM FOR PROVISI
Group Art Unit	TBD
Examiner Name	TBD
Attorney Docket Number	8130

I hereby appoint:

☒ Practitioners at Customer Number

21,924

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number
John L. Doughty	47,533
Gaines P. Carter	42,393

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

21,924

Place Customer
Number Bar Code
Label here

OR

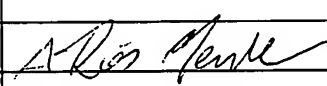
<input type="checkbox"/> Firm or Individual Name	ARRIS International, Inc.				
Address	11450 Technology Circle				
Address					
City	Duluth	State	Georgia	Zip	30097
Country	USA				
Telephone	678-473-8697	Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	
Signature	
Date	November 12, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock t Numb r 8130

First Named Inventor Carter, Wade

COMPLETE IF KNOWN

Application Number

Filing Date

11/12/2003

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND SYSTEM FOR PROVISIONING SPECIFICATION SUBSETS FOR
STANDARDS-BASED COMMUNICATION NETWORK DEVICES**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		21,924		OR <input type="checkbox"/>		Correspondence address below	
Name									
Address									
City					State		ZIP		
Country				Telephone			Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name Wade (first and middle [if any])					Family Name Carter or Surname				
Inventor's Signature							11/12/2003 Date		
Snellville Residence: City				GA State		U.S. Country		U.S. Citizenship	
Mailing Address 11450 Technology Circle									
Duluth City				GA State		30097 ZIP		U.S. Country	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name Chris (first and middle [if any])					Family Name Turner or Surname				
Inventor's Signature							11/12/2003 Date		
Buford Residence: City				GA State		U.S. Country		U.S. Citizenship	
Mailing Address 11450 Technology Circle									
Duluth City				GA State		30097 ZIP		U.S. Country	
<input type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Michael P. Given Name		Sullivan Family Name or Surname	
Inventor's Signature		Date	
Sugar Hill Residence: City	GA State	U.S. Country	U.S. Citizenship
Mailing Address			
11450 Technology Circle Mailing Address			
Duluth City	GA State	30097 ZIP	U.S. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Robert Given Name		Eng Family Name or Surname	
Inventor's Signature		Date	
Alpharetta Residence: City	GA State	U.S. Country	U.S. Citizenship
Mailing Address			
11450 Technology Circle Mailing Address			
Duluth City	GA State	30097 ZIP	U.S. Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Bruce Given Name		McClelland Family Name or Surname	
Inventor's Signature		Date	
Alpharetta Residence: City	GA State	U.S. Country	U.S. Citizenship
Mailing Address			
11450 Technology Circle Mailing Address			
Duluth City	GA State	30097 ZIP	U.S. Country